

## CENTRAL POINT PARKS &amp; RECREATION

## AMPLIFIED EQUIPMENT APPLICATION

Applicant Name

E-Mail

Address

Phone #

City

State/Zip

Birthdate

Describe Event

Event Date(s)

Event Time(s)

Will there be live music?

Yes

No

Will there be a live performance or speech?

Yes

No

Please describe type of equipment to be used

Where will the equipment be set up?

Performer | Band Name

E-Mail | Website

Address

Phone #

City

State/Zip

Cell #

**All amplified equipment sound levels must not exceed 80 decibels during entire event.**

I certify that the information contained in the foregoing application and all documents in conjunction with this application are true and correct to the best of my knowledge. I have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event under Central Point Municipal Code.

Signature

Date

**Official Use Only**

Received By \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Approved/Denied \_\_\_\_\_